

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

60539

**OR**

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number		Name	Registration Number

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

60539

**OR**

☐ Firm or  
Individual Name

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**A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Date

Telephone

General Counsel

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